

D.I. # _____

CIVIL ACTION

NUMBER: _____ 07CV624 SSF

U.S. POSTAL SERVICE
CERTIFIED MAIL RECEIPT(S)

2580 9506 E000 0120 7007

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage	\$ 1.82
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.62

Postmark Here

Sent To	WARDEN TOM CARROLL
Street, Apt. No., or PO Box No.	DELAWARE CORRECTIONAL CENTER
City, State, ZIP+4	1181 PADDOCK RD. SMYRNA, DE 19077

PS Form 3800, August 2006 See Reverse for Instructions